

been made, charge our deposit account a fee in the amount of \$180.00 as required by 37 C.F.R. § 1.17(p).

V. THIS IDS IS BEING FILED UNDER 37 C.F.R. § 1.97(c):  
(check one box)

before the mailing date of a Final Office Action under 37 C.F.R. § 1.113 (See 37 C.F.R. § 1.97(c) (1)) or before the mailing date of a Notice of Allowance under 37 C.F.R. § 1.311 (See 37 C.F.R. § 1.97(c) (2)).

- a. ☒ No certification; therefore, a fee in the amount of \$180.00 is required by 37 C.F.R. § 1.17(p).  
or  
b. ☐ See the certification below. No fee is required.

VI. CERTIFICATION UNDER 37 C.F.R. § 1.97(e) (check only one box)

The undersigned hereby certifies that

- a. ☐ each item of information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application not more than three months prior to the filing of this IDS; or  
b. ☐ no item of information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application or, to the best of my knowledge after making reasonable inquiry, was known to any individual designated in 37 C.F.R. § 1.56(c) more than three months prior to the filing of this statement.  
c. ☐ Some of the items of information were cited in a communication from a foreign Patent Office. As to this information, the undersigned certifies that each item of information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application not more than three months prior to the filing of this IDS. As to the remaining information, the undersigned hereby certifies that no item of this remaining information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application or, to the best of my knowledge after making reasonable inquiry, was known to any individual designated in 37 C.F.R. § 1.56(c) more than three months prior to the filing of this statement.

VII. FEE PAYMENT (check one)

- ☒ Enclosed please find a check in the amount of \$180.00 for the above-indicated fee.  
☐ Please charge Deposit Account No. 04-1105 in the amount of \$\_\_\_\_\_ for the above-indicated fee.  
☐ No fee is required.

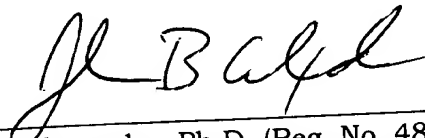
If the Examiner has any questions concerning this IDS, he/she is requested to contact the undersigned. If it is determined that this IDS has been filed under the wrong rule, the PTO is requested to consider this IDS under the proper rule, with a petition if necessary, and charge the appropriate fee to Deposit Account No. 04-1105.

Respectfully submitted,

Date: January 23, 2002

Customer No: 21874

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